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Date

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Approriations Act. 2005 (H.R. 4818). 10/747,613 Application Number **TRANSMITTAL** December 30, 2003 Filing Date for FY 2005 VADIM YEVGENYEVICH BANINE First Named Inventor Examiner Name Della J. Rutledge Applicant claims small entity status. See 37 CFR 1.27 2851 Art Unit 081468-0307456 TOTAL AMOUNT OF PAYMENT (\$)790Attorney Docket No METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): PILLSBURY WINTHROP SHAW 033975 X Deposit Account Deposit Account Deposit Account Name: PITTMAN LLP Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fee Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 100 200 100 500 250 Design 100 130 65 200 100 50 Plant 200 100 300 150 160 80 Reissue 600 300 300 150 500 250 Provisional 0 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) 25 Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims
___ - 20 or HP = Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims
- 3 or HP = Fee Pald (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets /50= (round up to a whole number) x 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, 130 fee (no small entity discount) Other: Request for Continued Examination 790.00 SUBMITTED BY Registration No. Telephone 703770.7661 Signature 47418 (Attorney/Agent)

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